

Best Available Copy

CLAIMS ONLY								Application Number 10/646929		Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total - Indep	3						Total - Indep				
Total Depend	26						Total Depend				
Total Claims	29						Total Claims				